## 12030950202

## STATEMENT OF

RECEIVED

FORM 1	ORGANIZATION				FEC Mathe use only		
NAME OF     COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M	15 OCHIVER	
WISCONS	IN SEI	NATORIAL C	AUC	US			
ADDRESS (number a	nd street)	P. O. BOX 8	394				
(Check if address is changed)		DELRAY BEACH		FL	33482		
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  UnitedStatesSenatorialCaucuses@yahoo.com  is changed)							
COMMITTEE'S WEB PAGE ADDRESS (URL)							
(Check if is change							
2. DATE ÏO™ ′ 29° ′ 2012 °							
3. FEC IDENTIFICATION NUMBER C							
4. IS THIS STATE	MENT 🛛	NEW (N) OR		AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer							
Signature of Treasure	er <u> </u>	Kuff			Date Î	0 ' 29 ' 2012 '	
NOTE: Submission of		us, or incomplete informations				to the penalties of 2 U.S.C. §437g.	
Office Use Only				For further Information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	